

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

19704

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
 Township Paul Primary Registration District No. \_\_\_\_\_  
 City St. Louis (No. 3317) Garfield St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 2514  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 3317 Garfield St. 13 Ward. \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Fe</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edwin H. Mc Gee</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 25-1872</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>8</u>
	DAYS <u>29</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>	11. Total time (years) spent in this occupation <u>35</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>none</u>	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio Perry</u>		
FATHER	13. NAME <u>John Shrine</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no Record</u>	
MOTHER	15. MAIDEN NAME <u>no Record</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no Record</u>	
17. INFORMANT (ADDRESS) <u>Edwin H. Mc Gee, 3317 Garfield, av.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE <u>Helena Mort June 25 32</u>		
19. UNDERTAKER (ADDRESS) <u>Mrs. C. L. Tarter, 918 Brookline, av.</u>		
20. FILED <u>6/25</u> 19 <u>32</u> <u>M. M. Crowe</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24 1932

I HEREBY CERTIFY that I attended deceased from Jan 1 1932, to June 24 1932

I last saw her alive on June 21 1932 Death is said to have occurred on the date stated above, at 1:40 p. m.

The principal cause of death and related causes of importance were as follows:

December 15-1931  
Carcinoma of vagina  
49B 49

Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Carcinoma of vagina

Name of operation none Date of none

What test confirmed diagnosis? X ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury no 19no  
 Where did injury occur? none (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) J. F. Mackey, M. D.  
 (Address) St. Louis, Mo. 63104

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

